



RAJIV GANDHI ARTS AND SCIENCE COLLEGE
THAVALAKUPPAM, PUDUCHERRY 605 007



DEPARTMENT OF COMMERCE

INDIVIDUAL FACULTY DATA SHEET

1.	Name of the College	RAJIV GANDHI ARTS AND SCIENCE COLLEGE		
2.	Name of the faculty member with present designation	C.CHANDRAKASAN ASST PROFESSOR OF COMMERCE		
3.	Department	COMMERCE		
4.	Residential Address	NO. 31, ECR Main Road, C.M.Chavady, Kottakuppam post, Vanur ta Villupuram dist, T.N – 605104.		
5.	Contact Nos.	Landline: Mobile: 7667024766 Email : kasan888@gmail.com		
6.	Gender	MALE		
7.	Age & Date of Birth	37 & 16.05.1985		
8.	a. Religion b. Category: SC / ST / MBC / OBC / Differently Abled/ Others	HINDU / OBC		
9.	PAN Card No.	BFZPC3289N		
10.	Bank Account No.*	Name of the Bank	Branch	
	31055897346	SBI	Main Branch , Puducherry	

I. a) Educational Qualification *: (10th Standard onwards)

Examination	Board	Month & Year of Passing	Marks obtained	Overall percentage	Class Division
SSLCE/Matric or equivalent	TN State Board	May 2003	300	60	I
PUC/+2(HSC) or equivalent	TN State Board	May 2005	934	78	I
Diploma	-	-	-	-	-

b) Educational Qualification*: (UG Degree onwards)

Sl. No.	Degree	Subject of specialization	University Institute	Percentage /Class/Grade	Year of passing
1	UG	Commerce	PU	63	May 2008
2	PG	Commerce	PU	63.73	May 2010
3	M.phil	Commerce	PU	75	JUNE 2012

c) Other Qualification* :

- i. GATE Score (In case of B.E./B.Tech.) :
ii. NET / SLET (In case of M.C.A. /M.Sc. /M.A.) :

Details

- a) Name of the Exam & Examining body : UGC
b) Subject : Commerce
c) Reg. No. : 36080771
d) Year of Passing : June 2011

II. Academic Experience as on date*:

Sl. No.	Name of the College / Institution	Year of Experience						Any other designation please specify
		As Assistant Prof		As Associate Professor		As Professor		
		From	To	From	To	From	To	
1.	perunthalaivar arts college kalitheerthalkuppam	27.06.2012	10.02.2015					
2.	Rajiv Gandhi arts and science college Thavalakuppam	11.02.2015	Till Date					

Classes Handled	
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III. Industrial Experience*:

Sl. No	Name of the Organization	Designation	Nature of Work	Period		Total No. of years
				From	To	

* Enclose copies of certificates and testimonials as proof

IV. Research Publications (if any) :

- a) Journals: i) National ____ ii) International ____
(Enclose Reprints and list of Publications & citation index for each)
b) Books :
(Enclose first three pages of the book)

V. Seminars / Workshops/ Conferences Attended:

- a) As resource person i) National ____ ii) International ____
b) As participant i) National ____ ii) International ____
(Enclose list giving details of the Seminars / Workshops / conferences)

VI. Patents / Awards (if any) :

(Enclose copy of the Certificates)

VII. Other Relevant Information:

Declaration:

I C.CHANDRAKASAN declare that all the information given above are true to the best of my knowledge and I am not working in any other college / institution.



Signature of the Faculty

Signature of the Principal/Head of the Institution
(Endorsement by the Principal college / Head of the institution
or authorized signatory of the
Management with seal)

Date: 12.04.2023

Place: Puducherry 07.